



Last Updated: 03/09/2022

Elimination of Medicare Part B Point of Sale Drug Claims Submissions for Coinsurance and Deductibles for Dually Eligible Medicare and Medicaid Recipients – Effective June 1, 2010

MEDICARE PART B DRUG COVERAGE AND THE MEDICAID CLAIMS PROCESSING SYSTEM

Any claim to the Virginia Medicaid program for the coinsurance and deductibles of recipients who have Medicaid secondary to the Medicare Part B coverage (dual eligibles) for Medicare Part B drugs must be submitted by either the provider who furnished the drug incidental to the physician service or by a pharmacist, in the case of a self-administered drug received at a pharmacy, using the medical claims processing system, not the point of sale (POS) claims processing system. The DMAS POS claims processing system should not have processed inappropriate submissions of coinsurance and deductibles claims for Part B drugs and will no longer be available for that purpose.

DMAS informed pharmacy providers in a Memorandum dated March 1, 2006 of the requirement to enroll as Medicare providers in order to submit drug coinsurance and deductible claims for dual eligibles and that providers must use the Medicare intermediary process to determine the correct amount of coinsurance owed by DMAS for dual eligibles. This memorandum is located on the DMAS web site and can be accessed using the link below:

http://www.dmas.virginia.gov/downloads/pdfs/mm-discontinuation_interim_reimbursement_3-

[8-06.pdf](#)

A recent analysis of how these "crossover" claims are being processed for payment to pharmacy providers found that the claims were being paid incorrectly and that additional Medicaid payments were being made in conflict with the payment methodology outlined in previous memoranda. Effective June 1, 2010, pharmacy



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providers will no longer have the capability to bill coinsurance and deductibles for drugs covered under Medicare Part B on behalf of dual eligibles using the DMAS POS claims submission process. Pharmacy providers submitting

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Medicare Part B drug coinsurance claims to DMAS through POS will receive an error message stating "Bill Medicare" and the claim will deny. DMAS may recover overpayments associated with crossover claims that were paid incorrectly. Further notice and additional information will be given to providers directly impacted before the recovery process begins.

All coinsurance and deductible claims on behalf of dual eligibles must be submitted as medical claims to DMAS using either (1) the automated crossover process already in place with the appropriate Medicare fiscal intermediaries, or (2) a paper claim for coinsurance and deductibles using the DMAS Title XVIII (Medicare) Deductible and Coinsurance Invoice (DMAS 30) Rev. 05/06, and the appropriate HCPCS J Code and NDC for the Medicare Part B covered drug.

INSTRUCTIONS FOR SUBMITTING MEDICARE PART B DRUG CLAIMS ON BEHALF OF DUAL ELIGIBLES FOR COINSURANCE AND DEDUCTIBLES

Medicaid enrolled pharmacy providers should be set up for "automated cross-over" with their Medicare fiscal intermediary and the Virginia Medicaid program for the submission of Medical claims for payment of coinsurance and deductibles for dual eligibles. If the pharmacy provider is set up correctly, the submission of a Title XVIII (DMAS-30) paper claim form is not necessary. The attachment to this memorandum provides specific instructions on how to submit an electronic claim for Medicare Part B coinsurance and deductibles to DMAS.

In addition, pharmacy providers can review the following links to Medicaid Memoranda on the DMAS web site that address Medicare Part B deductible



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coinsurance billing and National Drug Code billing requirements:

http://www.dmas.virginia.gov/downloads/pdfs/mm-up2005/mm-COBA_12-30-05.pdf

http://www.dmas.virginia.gov/downloads/pdfs/mm-DMAS30_31_8_30_06.pdf

[f http://www.dmas.virginia.gov/downloads/pdfs/mm-National_Drug_Cd.pdf](http://www.dmas.virginia.gov/downloads/pdfs/mm-National_Drug_Cd.pdf)

Pharmacy providers should also contact the Provider Enrollment Unit at 1-888-829-5373 (in state toll-free) or in Metro Richmond at 1-804-270-5105 if they are not set up for automated cross-over or have questions or concerns regarding the enrollment process for automated cross-over.

ADDITIONAL INFORMATION ON MEDICAID COST SHARING FOR ELIGIBLE MEDICARE BENEFICIARIES

Pharmacy providers that are not enrolled as Medicare providers cannot bill and receive payment from DMAS for the entire amount of a Medicare Part B drug on behalf of a dual eligible. Medicaid supplemental coverage provided to a Medicare beneficiary is always secondary to Medicare if the service is covered by Medicare. Pharmacists may charge dual eligibles a \$1.00 copay for generic drugs or a \$3.00 copay for brand drugs.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be

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processed and sent via secure email. A processing fee for generating duplicate paper



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remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real- time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.



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The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a

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manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.